

GVNW CONSULTING, INC. 3220 Pleasant Run Springfield, IL 62707 (217) 698-2700 (Tel.) (217) 698-2715 (Fax) www.gvnw.com

REDACTED - FOR PUBLIC INSPECTION

Via ECFS

June 27, 2014

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 Twelfth Street S.W. Room 5-A225 Washington, D.C. 20554

RE: FCC FORM 481 – CARRIER ANNUAL REPORTING DATA COLLECTION CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-0135, 05-337, 03-109, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION (FILED IN DOCKETS 14-58) AND CONFIDENTIAL FINANCIAL INFORMATION FILED PURSUANT TO SECTIONS .457 AND .459 OF THE FEDERAL COMMUNICATIONS COMMISSION RULES

Dear Ms. Dortch,

McDonald County Telephone Company (McDonald) hereby submits the attached redacted and confidential versions of its "FCC Form 481 – Carrier Annual Reporting Data Collection" financial information pursuant to sections §54.313 and §54.422 of the Commission's rules, as filed with the Universal Service Administrative Company.

Section 3005 of Form 481 requires the filing of financial information per 47 C.F.R. §54.313(f)(2). McDonald maintains that this information is "Confidential Financial Information" on the grounds that it is competitively sensitive information which could be used to disadvantage or harm McDonald, and is submitting this information pursuant to Protective Order, DA 12-1857 as described below. In addition, McDonald is requesting confidential treatment pursuant to sections 0.457 and 0.459 of the Commission's rules for the Five-Year Service Quality Improvement Plan that is required by section 54.313(a)(1) to be attached to this report. Similar to the financial information submitted under section 54.313(f)(2), the information contained in the Five-Year Service Quality Improvement Plan contains competitively sensitive information,

including but not limited to projected build-out plans and capital expenditures, that is secure from public access that could be used by a competitor to disadvantage or harm McDonald.

First, McDonald is submitting the 54.313(f)(2) "Confidential Financial Information" as a "Stamped Confidential Document" with each page bearing the legend CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-0135, 05-337, 03-109, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION and also submitting the .457 and .459 "Confidential Financial Information" as a "Stamped Confidential Document" with each page labeled "CONFIDENTIAL – NOT FOR PUBLIC INSPECTION". One copy of the "Stamped Confidential Document(s)" and accompanying cover letter are enclosed.

Second, McDonald is submitting the "Stamped Confidential Document(s)" as a "Redacted Confidential Document" where the "Confidential Financial Information" has been redacted. Two copies of the "Redacted Confidential Document(s)" and accompanying cover letter with each page labeled "REDACTED - FOR PUBLIC INSPECTION" are enclosed.

Finally, McDonald is submitting two copies of the "Stamped Confidential Document(s)" and accompanying cover letter to Charles Tyler, Telecommunications Access Policy Division, Wireline Competition Bureau, Federal Communications Commission, 445 Twelfth Street S.W., Room 5-A452, Washington, D.C. 20554.

Please contact me with any questions you have on this filing.

Sincerely, /s/ Dave Beier

Dave Beier Consulting Manager GVNW Consulting, Inc. (217) 698-2700 dbeier@gvnw.com

Enclosures

Personal accounts				-	
FCC For	m 481 - Carrier Annual Reporting Data Collection Form		OM	Form 481 8 Control No. 3060-09 2013	86/OMB Control No. 3050-0819
<010>	Study Area Code	421912			
<015>	Study Area Name	MCDONALD COUNTY 1	PEL	······································	
<020>	Program Year	2015			
<030>	Contact Name: Person USAC should contact with questions about this data	Andy Schein, GVNN	Consulting Inc.		1
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7195945020 ext.			
<039>	Contact Email Address: Email of the person identified in data line <030>	aschein@gvnw.com	***************************************	***************************************	
ANNUA	L REPORTING FOR ALL CARRIERS				54,313 54,422 Completion Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached worksho	et) [✓ Season complete)
<200>	Outage Reporting (voice)		(complete attached workship	Ť	7 /
<210>		o outages to report	(sanding)	· ·	1 00000
<300>	Unfulfilled Service Requests (voice) 0			L.	1000000
<310>	Detail on Attempts (voice)			[
				attach descriptive docu	ument)
<320>	Unfulfilled Service Requests (broadband)				
<330>	Detail on Attempts (broadband)				1888
				(attach descriptive do	cument)
<400>	Number of Complaints per 1,000 customers (voice)				
<410>	Fixed 0.0				
<420>	Mobile 0.0				
<430> <440>	Number of Complaints per 1,000 customers (broad	band)			
<450>	Mobile 0.0				
<500>	Service Quality Standards & Consumer Protection F	Rules Compliance	(check to indicate certifica	tion)	✓ ✓ ✓
<510>			(attached descriptive do	cument)	
4C00+	Supplies While Supplies Sharks				
<600>	Functionality in Emergency Situations 421912M0610.pdf		(check to indicate certifica	uon)	
			(attached descriptive docu	nent)	_ / _ / _ /
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<700>			(complete attached works		7
<710>			(complete attached works		
<800> <900>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?		(complete attached works (if yes, complete attached works	3.10	
	Voice Services Rate Comparability 421912M01010.pdf		(check to Indicate certifica		
<1010	>		(attach descriptive docum	nent)	
<1100	> Terrestrial Backhaul (Y/N)?		(if not, check to indicate certific	ation)	
<1110			(complete attached work	theet)	/
<1200	> Terms and Condition for Lifeline Customers	Documentation	(complete attached work	heet)	8.5.2.2.2.6.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
	Price Cap Carriers, Proceed to Price Cap Additiona Including Rate-of-Return Carriers affiliated with F		***************************************		
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<2005		Na uzoko zenaran eski banda eski birini	(complete attached works	heet)	
<3000	Rate of Return Carriers, Proceed to ROR Additions	I Documentation W	forksheet (check to indicate certific	rtion	V
<3005			(complete attached works		1 3000

(100) S Data C	(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481. OMB Control No: 3050-09 July 2013	PCC Form 481. OMB Control No. 3060-0986/OMB Control No. 3060-0819. July 2013
<010>	Study Area Code	421912	
<015>	Study Area Name	MCDONALD COUNTY TEL	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVWW Consulting Inc.	
<035>		7195945820 ext.	
<039>	Contact Email Address - Email Address of	aschein@gvnw.com	
<110>		(yes/no) ①	
<111>	If your answer to line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes/no) O O	
427	If your answer to line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)[1]. If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.	421942MO112.pdf	
	Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document	
413 415 415 415 418 418	Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service quality How (USF) was used to improve service coverage How (USF) was used to improve service capacity Provide an explanation of network improvement targets not met in the prior calendar year.		

Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address - Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Add
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	<015> Study Area Name			MCDONALD COUNTY TEL	(IEL				
	<020> Program Year			2015					
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	Contact Telephone Numb	Contact Telephone Number - Number of person identified in data line <030>	ed in data line <030>	7195945820 ext.					
	Contact Email Address - Er	Contact Email Address - Email Address of person identified in data line <030>	ed in data line <030>	aschein@gvnw.com	щo				
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	State	Exchange (N.E.C.)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Umit Reached {select}
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Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	<010>		421912
Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(6) Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(6)	<015>		NCDOMALD COUNTY TEL
Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Telephone Number - Number of person identified in data line <030> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(6) Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(6)	<020>	Program Year	2015
Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVAN Consulting Inc.
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9 1909 1890 1890 1890 1	<039>	Contact Email Address - Email Address of person identified in data line <030>	ascheinGgvnw.com
2410 6400 	<1120>	Please check this box to confirm no terr options exist within the supported area	
	<1130>		

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	276125	MCDONALD COUNTY TEL	2015	Andy Schein, GWW Consulting Inc.	7195945820 ext.	ascheindrynw.com	421912M01210.pdf	Name of Attached Document	HTTP http://psc.mo.gov/CMSInternetData/ConsumexInformation/WoUSF.pdf					
(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	<010> Study Area Code	<015> Study Area Name	<020> Program Year	<030> Contact Name - Person USAC should contact regarding this data	<035> Contact Telephone Number - Number of person identified in data line <030>	<039> Contact Email Address - Email Address of person identified in data line <030>	<1210> Terms & Conditions of Voice Telephony Lifeline Plans		<1220> Link to Public Website http	"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<1222> Details on the number of minutes provided as part of the plan,	<1223> Additional charges for toll calls, and rates for each such plan.	

<010>		
2 2	- 1	421912 MICHARISTA CARDINA MER.
	Program Year	2015
<030>		Andy Schein, GVRW Consulting Inc.
<0355	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	7195945820 ext. aschein@arnw.com
18 8	the boxes below to note compliance on its five year service quality plan (pursuan CRR § 54.313(P)(2), if further certify that the	erasionatesensionementalementa
(3010)	Progress Report on S Year Plan Milestone Certification (47 CFR § 54.333(f)(1)(3)	
(3011)	Name of Attached Document Listing Required in Please check this box to confirm that the attached document(s), on line 30/12 contains the required information pursuant to § 54,313 (f)(1)(a), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Nanne of Attached Document Listing Required Information 1/2 contains the required information pursuant to sses of community anchor institutions to which began
(3012)	Community Anchor Institutions [47 CFR § 54.313[f](1)[ii])	
(3013)	is your company a Privately Held BOR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	Name of Attached Document Listing Required Information (Ves/No)
35	check these boxes to confirm that the attached document(s), on line 301.	blease check these boxes to confirm that the attached document(s), on Ene 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications forrowers) Document(s) for Balance Sheet, income Statement and Statement of Cash Flows	h Flows
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	
(3018)	If the response is no on line 3014, is your company audited?	Name of Attached Document Listing Required Information (Yes/No)
(6105)	Either a copy of their audited inancial statement; or (z) a mancial report in a format comparable to KUS Uperaung keport or t elecommunications. Doctorand for Balance Shoot Innome, Statement and Statement of Cash Flows	mat comparable to KUS Uperaturity report for rejeconfinancia units.
(3021)		erformed the company's financial audit.
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.3.13(f)(2), contains:	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountants or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications florrowers.	
(3024)		P Flows
	הססווים וולפן זמן המושובה כיווסבל וונפטוים המשפונים וו	421.912MD3026, pdf
(3026)	Attach the worksheet listing required information	

	tlon - Reporting Carrier lection Form	FCC Form 483 OM8 Control No. 3060-0986/OM8 Control No. 3060-0819 July 2013
<010>	Study Area Code	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVNW Consulting Inc.
<035>	Contact Telephone Number - Number of person Identified In data line <030>	7195945820 ext.
<039>	Contact Email Address - Email Address of person Identified in data line <030>	aschein@gvnw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

recipients; and, to the best of the reporting carrier; my resp recipients; and, to the best of my knowledge, the informatic	onsibilities include ensuring the accuracy of the annual reporting requirements for universal service support in reported on this form and in any attachments is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

	ion - Agent / Carrier ection Form	FCC Form 481 DMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	421912
<015>	Study Area Name	MCDONALD COUNTY TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Andy Schein, GVNW Consulting Inc.
<035>	Contact Telephone Number - Number of person Identified in data line <030>	7195945820 ext.
<039>	Contact Email Address - Email Address of person Identified in data line <030>	aschein@gvnw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier
also certify that I am an efficer of the reporting carrier; my responsit agent; and, to the best of my knowledge, the reports and data providen	illities include ensuring the accuracy of the annual data reporting requirements provided to the authorized lad to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier: MCDONALD COUNTY TEL	
Signature of Authorized Officer: CERTIFIED ONLINE	Date:
rinted name of Authorized Officer:	
litle or position of Authorized Officer;	
alephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: 421912	Filing Due Date for this form: 07/01/2014

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF of	r LI Recipients on Behalf of Reporting Carrier
, as agent for the reporting carder, certify that I am authorized to submit the annual reports for universal se the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge,	
Name of Reporting Carrier: MCDONALD COUNTY TEL	
Name of Authorized Agent or Employee of Agent: Andy Schein, GVNW Consulting Inc.	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date:
Printed name of Authorized Agent or Employee of Agent: Andy Schein	
Title or position of Authorized Agent or Employee of Agent Sr. Cost Consultant	
Telephone number of Authorized Agent or Employee of Agent: 7195945800 ext.	
Study Area Code of Reporting Carrier: 421912 Filing Due Date for this form:	07/01/2014

Attachments

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ntact regarding this data	Andy Schein, GVMW Consulting Inc.
of person identified in data line <030>	7195945820 ext.
of person identified in data line <030>	ascheinagum.com
	COLDS Study Area Name COZOD Program Year COZOD Contact Name - Person USAC should contact regarding this data COZOD Contact Name - Person USAC should contact regarding this data COZOD CONTACT Telephone Number - Number of person identified in data line COZOD COXOD CONTACT Email Address - Email Address of person identified in data line COZOD

Price Offerings including Voice Rate Data Collection Form			DANTON STATES OF STATES OF STATES	Section of the second sections of the second				
Study Area Code				421912				
Study Area Name				MCDONALD COUNTY TEL	DUNTY TEL			
Program Year				2015				
Contact Name - Person USAC should contact regarding this data	contact regarding this data	ing this data		Andy Schein	Andy Schein, GVMW Consulting Inc.			
Contact Telephone Number - Number of person identified in data line <030>	r of person identified in data	ntified in data	· line	<030> 7195945820 ext.	ext.			
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			be	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
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Anderson	E.	젌		14.0	0.0	0.0	0.0	14.0
Jane	E S	器		14.0	0.0	0.0	0.0	14.0
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FCC Form 481 OMB Contro ING. 2060-0986/OMB Control ING. 3060-0819 July 2013 (710) Broadband Price Offerings Data Collection Form

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	Contact Email Address - Email Address of person identified in data line <030>	l Address of person ident	entified in data line <030>	aschein@gvnw.com	s line <030> aschein@ynw.com			
11	Carlonae (IFF)	esidential	State Regulated	Total Rates	Broadband Service -	Broadband Service	Usage Allowance	e Allowance
State		Rate	Fees	and Fees	Download Speed (Mbps)	-Upload Speed (Mbps) (GB)	(GB)	When Limit Reached (select)
ω Q	Copper Based DSL	100.0	0.0	100.0	5.0	0.4	0.0	Other, No Limit
Q.	Copper Based DSL	125.0	0.0	125.0	10.0	5.0	0.0	Other, No Limit
QW W	Copper Based DSL	156.0	0.0	150.0	15.0	0.4	0.0	Other, No Limit
Q.	FTTH	100.0		100.0	5.0	1.0	0.0	Other, No Limit
WO	FITH Asymmetrical	125.0	0.0	125.0	10.0	3.0	0.0	Other, No Limit
MO	Tanjandana	150.0	0.0	150.0	15.0	3.0	0.0	Other, No Limit
MO	FITH	175.0	0.0	175.0	25.0	10.0	0.0	Other, No Limit
Q.	FTTH	195.0	0.0	0.261	50.0	25.0	0.0	Other, No Limit
OM.	FITH	250.0	0.0	250.0	100.0	50.0	0.0	Other, No Limit
94	FTTH Symmetrical	150.0	0.0	150.0	10.0	10.0	0.0	Other, No Limit
W W	FITH Symmetrical	200.0	0.0	200.0	15.0	15.0	0.0	Other, No Limit
NO NO	FITH Symmetrical	300.0	0.0	300.0	50.0	50.0	0.0	Other, No Limit
QV QV	FITH Symmetrical	400.0	0.0	400.0	100.0	100.0	0.0	Other, No Limit
							3	

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421912 MO112

McDonald County Telephone

FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN

PREAMBLE

McDonald County Telephone ("McDonald") has carefully developed its improvement plan, concentrating on the delivery and continuation of a robust network which provides, at a minimum, the federally required voice and broadband connectivity as stipulated by regulatory rule.

McDonald advises that this improvement plan has been carefully crafted, matching measured network deployment, improvement and quality service levels with known financial implications of the Transformation Order upon the Company's support cash-flows. The uncertainty of such cash flows being received in later years as a result of current and potential regulatory action on rural rate-of-return carriers has resulted in the Company taking a balanced, yet realistic, approach.

The environment in which the Company operates remains dynamic, not static. As a result, McDonald reserves the opportunity to modify its plan in response to changing market demands as well as future regulatory decisions, and their impacts upon the Company's financial viability in providing quality services.

McDonald will re-evaluate this plan on an annual basis. Action, however, may also be taken abruptly on the presented plan for both current and later years in the event of evolving regulatory conditions and/or changes in technology (vendor)-driven support. All adjustments to the improvement plan in this document will be reflected and explained in subsequent annual reports.



McDonald County Telephone



June 2014 Page 2 of 5

McDonald County Telephone



June 2014 Page 3 of 5

McDonald County Telephone



June 2014 Page 4 of 5

McDonald County Telephone



June 2014 Page 5 of 5







	Doing Business As Company or Brand Designation		Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Reporting Carrier McDonald County Telephone Holding Company McDonald County Telephone Affiliates
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County Internet Service,			
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County Internet Service, Inc.			18.00 July
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421912 MO 510

Line 510 - Service Quality Standards & Consumer Protection Rules Compliance:

Consumer Protection

Voice and Broadband

MCT complies with the requirements of 47CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag Rules to prevent identity threat. A manual for each of those programs is in place and is part of the employees' handbook. Employee training is conducted annually and new hires are instructed on the programs as required by their job functions.

Service Quality Standards

Voice

McDonald County Telephone (MCT) complies with the service quality standards and consumer protection rules of the state of Missouri as promulgated in Missouri regulations 4 CSR 240 Chapters 32 and 33 (even though compliance with these regulations has been waived by the Missouri Public Service Commission). MCT is committed to providing the highest quality service to its customers.

Broadband

McDonald County Telephone follows the service standards noted in NECA Tariff #5 and is committed to provide the highest quality service to its broadband customers.

Line 610 - Description of Functionality in Emergency Situations

Back-up Power for Both Voice and Broadband Services

McDonald County Telephone prides itself on updating and maintaining all its plant and equipment to prevent outages before they happen. If outages do happen, the Company has 24-hour on call staff and alarm reporting systems in place that send notifications to the 24 hour personnel monitoring these systems. The Company certifies that it follows best practices that are designed to allow them to remain functional in an emergency situation through the use of back-up power to ensure functionality in the event of a limited commercial power failure.

The Company utilizes battery back-up (AC and DC power) systems and standby generators in all its central offices. This enables the company to sustain a power outage for at least 4-5 days for the Jane exchange, and indefinitely for the Anderson and Pineville exchanges. McDonald County also has mobile generators that allow for another source of back-up power in case of back-up failure.

The Company performs exercises to test disaster preparedness on each site's back-up power systems which are tested weekly. Major transport facilities are also tested periodically to ensure failover reliability.

Ability to reroute traffic/data around damaged facilities

McDonald County Telephone does have redundant interexchange facilities to the tandem that would allow it to reroute traffic to its connecting company/toll tandem if needed. The Company also has redundant facilities between its exchanges. Thus, in case of damaged CWF facilities, the Company has the ability to reroute traffic in most areas.

Capability to manage traffic/data spikes resulting from emergency situations

The Company has 3,100+ local service customers, switching capacity of 250,000 simultaneous calls in all exchanges, and transport capacity for 168,000 (Anderson exchange) and 312,000 (Pineville exchange) simultaneous calls. The Company also serves over 1900+ broadband customers thru its ISP affiliate. McDonald County Telephone takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations, but will continue its best efforts for its networks during such events.

421912 MD 1010

Voice Service Rate Comparability

As evidenced by the data provided in line 700 of this Form 481, the Company's voice service pricing is no more than 2 standard deviations above the national average urban rate (\$46.96) as announced by the Wireline Competition Bureau on March 20, 2014 (DA 14-384).

[McDonald County Telephone Company] Missouri Application for the Lifeline or Disabled Programs

Consumers meeting certain eligibility criteria are able to receive monthly discounts for voice telephony service through the Lifetine program or the Disabled program. Lifetine service offers a monthly discount of \$9.25. The Disabled program offers a \$3.50 monthly discount. To apply complete this form and also submit proof of eligibility.

Eligibility Criteria

Lifeline Program		Disabled Progra	m
MO HealthNet (f/k/a Medicaid) Supplemental Nutrition Assistance (Supplemental Security Income Low-Income Home Energy Assistant Federal Public Housing Assistance National School Free Lunch Progra Temporary Assistance for Needy Fa	(Food Stamps) nce (LIHEAP) (Section 8) m unilies (TANF)	Veteran Administration Disability State Blind Pension State Aid to Blind Persons State Supplemental Disability Federal Social Security Disability Federal Supplemental Security	lity Benefits Assistance
Applicant's Full Name:	Birth Date:	Social Security # (last 4 digits):	DCN:*
Name on Voice Service Account (If different fro	om Applicant);	Customer Contact Telephone Nu	ımber;
Customer's Full Residential Service Address (no P.O. Boxes): Street: City, Town, Zip:	i anderin ferrinanska Paradesi (francisco)	Is this address a temporary address (circle the appropriate response) (If "yes" then must verify address	
Is this address also my billing address?Y	es No (If "no"	l please provide billing address):	en vertreet het ering op de 'n literie de 'n 'n 'n de streamen en prop en en en vertreet een een vertreet en e En vertreet en vertreet en vertreet en verdreet en verdreet en verdreet en verdreet en verdreet en verdreet en

*This number is assigned to program participants of MO HealthNet, LIHEAP, Food Stamps and TANF.

I understand the following obligations and provisions about the Lifeline and Disabled programs:

- The Lifeline and Disabled programs are government benefit programs and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline or Disabled service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at
 the same address and share income and expenses.
- A household is not permitted to receive Lifeline or Disabled benefits from multiple providers or combine Lifeline and Disabled program benefits.
- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline and the Disabled program are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person.

I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:

- I meet the eligibility criteria for the Lifeline program or the Disabled program.
- I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for
 receiving Lifeline or Disabled benefits including, as relevant, if I no longer meet the income-based or program-based criteria
 for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my
 household is receiving a Lifeline or Disabled benefit.
- If I move to a new address I will provide that new address to my voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- My household will receive only one Lifeline or Disabled service and, to the best of my knowledge, my household is not already receiving a Lifeline or Disabled service.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline or Disabled benefits at any time and failure to
 re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled benefits.
- I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the
 purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with
 the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline
 or Disabled programs.

	tomer			Date	
I acknoy	ledge providing	g false or fraudulent	information to rec	eive Lifeline or Disabled ben	efits is punishable by law.
The info	rmation supplied	ed on this form is tru	e and correct.		
		individuals in my individuals in my olete only if qualifying		shold.)	
or Disabl	ed programs.				

Submit a completed signed form and proof of eligibility.

	Annual Inc	ome Thresh	olds for Mee	ting 135% (of Federal P	overty Leve	l (Based on I	Household Size)
1	2	3	4	5	6	7	8	Each add'l person
\$15.080	\$20,426	\$25,772	\$31,118	\$36,464	\$41,810	\$47.156	\$52,502	+ \$5,346/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.

Company Use Only:	*	
I hereby attest the applicant presented acce	ptable proof of eligibility:	
Print name of company official	Signature	Date

McDonald County Telephone Company

417 223-4313 or 417 845-6919

I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:

- I meet the eligibility criteria for the Lifeline program or the Disabled program.
- I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for
 receiving Lifeline or Disabled benefits including, as relevant, if I no longer meet the income-based or program-based criteria
 for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my
 household is receiving a Lifeline or Disabled benefit.
- . If I move to a new address I will provide that new address to my voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- My household will receive only one Lifeline or Disabled service and, to the best of my knowledge, my household is not
 already receiving a Lifeline or Disabled service.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline or Disabled benefits at any time and failure to
 re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled benefits.
- I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the
 purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with
 the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline
 or Disabled programs.

or Disabled programs.	
I certify I haveindividuals in my hou	usehold.
(Initial and complete only if qualifying und	der income threshold.)
The information supplied on this form is true an	d correct.
I acknowledge providing false or fraudulent info	ermation to receive Lifeline or Disabled benefits is punishable by law.
ALCONOMICS OF COLUMN CONTRACTOR OF COLUMN COLUMN CONTRACTOR OF COLUMN CO	
Signature of Customer	Date

Submit a completed signed form and proof of eligibility.

***************************************	Annual Inco	ome Thresh	olds for Mee	ting 135%	of Federal P	overty Leve	l (Based on H	Iousehold Size)
1	2	3	4	5	6	7	8	Each add'l person
\$15,080	\$20,426	\$25,772	\$31,118	\$36,464	\$41,810	\$47,156	\$52,502	+ \$5,346/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.

table proof of eligibility:	
Signature	Date

McDonald County Telephone Company

417 223-4313 or 417 845-6919

LOCAL EXCHANGE SERVICE

4. Local Exchange Service (Cont'd)

4.7 <u>Lifeline Service</u>

A. General

- 1. Lifeline Service is available to qualifying low-income subscribers for single party residence service.
- 2. The monthly discount will be the maximum amount allowed by the Missouri Public Service Commission and the Federal Communications Commission; however, this discount will not exceed the sum of the federal subscriber line charge and the recurring charges for voice telephony service. The monthly discount will be the same for Lifeline customers solely subscribing to voice telephony service and for Lifeline customers subscribing to a bundle of services.
- 3. Lifeline Service will not be furnished on a Foreign Exchange service.
- 4. Lifeline Service shall not be disconnected for non-payment of toll charges providing the Lifeline customer subscribes to Toll Blocking Service.
- Toll Blocking Service provides a means of restricting access to the Long Distance Message Telecommunications Network. Toll Blocking for the purposes of Lifeline Service will restrict 1+, 0+ and 0- (operator handled) calls.
 - a. If the customer chooses "Toll Blocking Service" the company will not charge a service deposit.
 - b. Toll Blocking Service is offered to Lifeline subscribers at no charge,

(D

(C)

(C)

Issued: March 19, 2012

Effective: April 18, 2012

Ross Babbitt, President McDonald County Telephone Company P.O. Box 207 Pineville, MO 64856

FILED Missouri Public Service Commission JI-2012-0483

LOCAL EXCHANGE SERVICE

- 4. Local Exchange Service (Cont'd)
 - 4.7 Lifeline Service (Cont'd)
 - B. Eligibility Requirements
 - An applicant must meet all of the following criteria in order to qualify for Lifeline Service:
 - To qualify for Lifeline the consumer must participate in one of the following programs:
 - 1. Medicaid
 - 2. Food stamps
 - 3. Supplemental Security Income (SSI)
 - 4. Federal Public Housing Assistance or Section 8
 - 5. Low Income Home Energy Assistance Program
 - 6. Temporary Assistance to Needy Families (TANF)
 - National Free Lunch Program
 - The customer's income, as defined in 47 CFR Section 54.400(f), must be at or below 135% of the Federal Poverty Guidelines (eff. June 1, 2012).
- (N)
- b. The customer must sign, under penalty of perjury a document certifying:
 - 1. He/she is receiving benefits from one of the programs in B.1.a above.
 - 2. Name of the program(s) from which they are receiving benefits.
 - That he/she will notify the company if he/she no longer participates in the program(s) named in a. preceding.
- c. The premises at which the residence service is requested must be the applicant's principal place of residence.
- d. There is only one telephone line serving the residence premises. The residence premises household (dwelling unit) shall consist of that portion of an individual house or building or one flat or apartment occupied by a single family or individuals functioning as one domestic establishment.
- e. Customer Annual Responsibility

All Lifeline customers as of June 1, 2012 must certify with the Company that they are still eligible for Lifeline support by December 31 each year. Customers may certify in person, over the phone or in writing. Customers will not be required to provide verifying documentation.

f. Access Recovery Charge (ARC)

Eligible Lifeline customers are exempt from ARC (effective July 1, 2012).

(N)

(N)

Issued: March 19, 2012

Effective: April 18, 2012

Ross Babbitt, President McDonald County Telephone Company P.O. Box 207 Pineville, MO 64856

FILED Missouri Public Service Commission JI-2012-0483 McDonald County Telephone Company

P.S.C. MO No. 5 1st Revised Sheet No. 4-19 Replaces Original Sheet No. 4-19

LOCAL EXCHANGE SERVICE

Local Exchange Service (Cont'd)

4.8 Reserved for Future Use

(D)

(D)

Issued: April 11, 2013

Ross Babbitt, President
McDonald County Telephone Company
704 Main Street
P.O. Box 207
Pineville, MO 64856-0207

FILED Missouri Public Service Commission JI-2013-0440

Effective: June 1, 2013

P.S.C. MO No. 5 1st Revised Sheet No. 4-1 Replaces Original Sheet No. 4-1

LOCAL EXCHANGE SERVICE

4. Local Exchange Service

4.1 Description

Local exchange service provides for unlimited calling within the boundaries of the Anderson, Jane, and Pineville exchanges as they are shown on the maps in Section 4.5. This service is subject to all terms and conditions as outlined in this tariff. Access to facilities to end users for interexchange carriers offering interexchange services are provided under the company's intrastate and interstate access tariffs. Local exchange service rates are listed in Section 4.4.

(T)

(D)

4.2 Terms and Conditions

A. Business Rates Apply:

- To any location where activities are of a business, trade, or professional nature.
- 2. To any location where the listing of service at that location indicates a business, trade, or profession.
- Where only one network access line is provided at a location which is both a residence and a business.
- 4. To schools, hospitals, libraries, churches, lodges, and other similar institutions.
- 5. To any number where public advertising provides evidence that the number is used for business purposes.

B. Residence Rates Apply:

- In private residence where business listings are not provided and telephone service is not used for the conduct of business.
- In the place of residence of a clergyman, physician, or other medical practitioner provided the subscriber does not maintain an office in the residence.

Issued: April 11, 2013

Ross Babbitt, President McDonald County Telephone Company 704 Main Street P.O. Box 207 Pineville, MO 64856-0207 Effective: June 1, 2013

FILED Missouri Public Service Commission JI-2013-0440 McDonald County Telephone Company

P.S.C. MO No. 5 Original Sheet No. 4-2

LOCAL EXCHANGE SERVICE

Missouri Public Service Commission

RECT WAY DE 1999

- 4. Local Exchange Service (Cont'd)
 - 4.2 Terms and Conditions (Cont'd)
 - (C) RESERVED FOR FUTURE USE

Missouri Public Sarvice Campission

FILED JUN 1 8 1999

LOCAL EXCHANGE SERVICE Missouri Public Service Commission

4. Local Exchange Service (Cont'd)

RECT MAY DI 1999

- 4.2 Terms and Conditions (Cont'd)
 - D. Taxes, Fees, and Charges

When any city, county or taxing authority imposes a franchise, occupation, business sales, license, excise, privilege, or similar tax of any kind on this Company, the amounts therein so far as practical, shall be charged on a pro-rata basis to all customers so affected receiving exchange service within the boundaries of that taxing entity. This tax charge, in all cases, will be in addition to the regular charges for local service and shall be set out as a separate item on the customer's bill.

Where a tax levied on a percentage of gross receipts, that percentage will be applied to each customer's bill so affected and the amount so computed will be added as a separate item to the customer's bill. Where a tax is levied other than on a percentage of gross receipts, a pro rata share of the total tax shall be added as a separate item to each customer's bill. All such taxes collected by the Company shall be paid to the city, county, or taxing authority in accordance with the promulgated regulations pertaining to each tax.

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P.S.C. MO No. 5 2nd Revised Sheet No. 4-4 Replaces 1st Revised Sheet No. 4-4

LOCAL EXCHANGE SERVICE

4. Local Exchange Service (Cont'd)

4.3 Concession

Full-time employees will be provided with local exchange service, and all custom calling, and CLASS features where available, without charge as excess capacity allows. Customer Activity Charges will not apply on services provided to full-time employees.

4.4 Exchange Rates

Unless otherwise specified, the charges quoted in this tariff are for the period of one month and includes calling within and between all McDonald County Telephone (T) Company exchanges without incurring a toll charge.

A.	Local Exchange Service	Monthly Rate Per Line	
	Business	\$14.00	(I)
	Residence	\$14.00	(I)

4.5 Local Exchange Map

The following exchange maps are attached to this tariff:

Anderson Jane Pineville

Issued: April 11, 2013

Ross Babbitt, President McDonald County Telephone Company 704 Main Street P.O. Box 207 Pineville, MO 64856-0207

FILED Missouri Public Service Commission JI-2013-0440

Effective: June 1, 2013

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	Cash and Equivalents						
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	la, Telecom, Accounts Receivable						
	b, Other Accounts Receivable			29. ICUTER WISE UT DEDI	Spec		
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ri.	Interest and Dividents Accelvable			15			
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PLANT	PLANT, PROPERTY, AND EQUIPMENT						
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ri Ri	Plant Under Construction			S6 Paronace Capial Credits			
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De Contact Name - Ferson USAC should contact regarding this data De Contact Telenhone Email Address - Email Address of person identified in data line 4030- De Contact Telenhone Email Address - Email Address of person identified in data line 4030- De Contact Telenhone Email Address - Email Address of person identified in data line 4030- De Contact Telenhone Email Address - Email Address of person identified in data line 4030- De Contact Telenhone Email Address - Email Address of person identified in data line 4030- De Contact Services Reventes Contact Statisme Methods Services Reventes Andressale Reventes Order Statisme Methods Services Reventes Net Operation Expense Contact Statisme Methods Services Reventes Contact Statisme Methods Services Services Services Contact Statisme Methods Services Services Contact Services Services Services Other Operation Expense Contact Services Services Contact Services Co	5105	Careful Marrie	<015> McDonald County	
So Contact Manne - Ferson USAC should contact regarding this data So Contact Manne - Ferson USAC should contact regarding this data line - 403Db Contact Telephone Number - Number of person identified in data line - 403Db Contact Telephone Number - Number of person identified in data line - 403Db Executive Silling and Collection Revenues International Revenues Net Objection Revenues Amoritable Revenues Total Operation Expense Consolar Description Expense Total Operation Expense Total Oper	100	Description of the control of the co		13
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		ITEM		
	-			
	2	Network Access Services Revenues		
	1	Jone Distance Network Services Revenues		
	1	Carner Billian and Collection Bevenues		
		Miscellaneous Revenues		
	4	Uncollectible Revenues		
	7	Net Operating Revenues (1 thru 5 less 6)		
	ed	Plant Specific Operations Expense		
	ni	Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
	10.	Depreciation Expense		
	11	Amortization Expense		
	17	Customer Operations Expense		
	13.	Corporate Operations Expense		
	14.	Total Operating Expenses (8 thru 13)		
	15,	Operating income or Margins (7 less 14)		
	16.	Other Operating Income and Expenses		
	17.	State and Local Taxes		
	18.	Federal Income Taxes		
	19.	Other Taxes		
	20.	Total Operating Taxes [17+18+19]		
	21.	Net Operating Income or Mangins (15+15-20)		
	22	Interest on Funded Debt		
	73.	Interest Expense - Capital Leases		
	24.	Other interest Expense		
	53	Alfowance for Funds Used During Construction		
	26.	Total Fixed Charges (22+23+24-25)		
	27.	Hanoperating Net Income		
	28,	Extraordinary Items		
	29.	Jurisdictional Differences		
	30.	Nonregulated Net income		
	31	Total Net Income or margins (21+27+28+39+30-26)		
	32.	Total Taxes Based on Income		
	33	Retained Earnings or Marpins Beplaning-of-Year		
	34.	Miscellaneous Credits Year-to-Date		
	35.	Dividends Declared (Common)		
	36.	Dividends Declared (Prefetted)		
	37.	Other Debits Year-to-Date		
	87	Transfers to Patronage Labrial		
	39.	Retained parmings of margins end-out-ende (10,450-104) (1071-0410)		
	100	Patronage Capiton Degramme Caring		
	41.	itansiers to Patronage Capital		
	44	Patronage Lapitol Lredks Retired		
	43,	Patronage Laptin End-of-rear (40+4,1-4.2)		
	å.	Annual Debt Service Payments		
	45.	Cash Ratio (Lide August 2016 (1142-702-751/7)		
	40.	Updrafility Actual rates (Ltw. 2012.0) F. j.		
	: 1	den (parto)/coj		

FCC Form 481. OMB Control No. 3060-0986 July 2013	<pre><010> <015> McDonald County. <020> <020> <030> Andy Schein, GVNW Consulting Inc. <035> 719-594-5820 <039> aschein@gwnw.com</pre>
(3005c) Operating Report for Privately-Held Rate of Return Carriers Balance Sheet - Data Collection Form Page 3 of 3	 Childy Area Code Childy Area Name Program Year Collact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Telephone Email Address - Email Address of person identified in data line <030>

FCC Form 481

1 6 m 4 m		
	CASH FLOWS FR	CASH FLOWS FROM OPERATING ACTIVITIES
	Net income	
	Adjustments to Reconcile Net Inco	Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities
	Add: Depreciation	
	Add: Amortization	
	Other (Explain)	DeferredIncome.Tax
	Changes in Op	Changes in Operating Assets and Liabilities
	Decrease/(Increase) in Accounts Receivable	
١	Decrease/(increase) in Materials and Inventory	
có	Decrease/(Increase) in Prepayments and Deferred Charges	
	Decrease/(increase) in Other Current Assets	
	Increase/(Decrease) in Accounts Payable	
	Increase/(Decrease) in Advance Billings & Payments	
	Increase/(Decrease) in Other Current Liabilities	
	Net Cash Provided/(Used) by Operations	The second secon
	CASH FLOWS FR	CASH FLOWS FROM FINANCING ACTIVITIES
14.	Decrease/(Increase) in Notes Receivable	
	Increase/(Decrease) in Notes Payable	
	Increase/(Decrease) in Customer Deposits	
	Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	
	Increase/(Decrease) in Other Liabilities & Deferred Credits	
	Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital	Certificates & Other Capital
	Less: Payment of Dividends	
	Sits Retired	
22.		Transfer of investments and advances to affiliates, net
23.	Net Cash Provided/(Used) by Financing Activities	
		CASH FLOWS FROM INVESTING ACTIVITIES
24.	Net Capital Expenditures (Property, Plant & Equipment)	
	Other Long-Term Investments	
	isdictional Differences	
Г		Cash, Value Life Ins
28.	Net Cash Pravided/(Used) by Investing Activities	
	Net Increase/(Decrease) in Cash	
30.	Ending Cash	